Medicus Mundi Suisse
Santé pour tous

Lessons learned from nimble adaptations to organisations' responses to the sexual and reproductive health (SRH) needs of adolescents in the context of the COVID-19 crisis

Country: India

Institute of Health Management, Pachod (IHMP)

The Institute of Health Management, Pachod (IHMP) was established in 1978 by a team of two doctors, a nutritionist, and a demographer to implement a comprehensive health and development project across 52 villages with a total population of about 60,000 in the Aurangabad district of Maharashtra state in India. The organization works in collaboration with the state government on maternal and neonatal health, malnutrition, sanitation, communicable and non-communicable diseases, life skills education for adolescent girls, reproductive and child health services, and gender sensitization among young men and boys. In 1996, IHMP expanded its services to the urban slums of the city of Pune.

Were you delivering services to young people before the COVID-19 crisis?

Since 1998, we have focused on adolescent girls to achieve our objective of reducing maternal morbidity and mortality. We began with a life skills program for adolescent girls which aimed to delay the age at marriage and over time, our engagement with adolescents has evolved to the adoption of an integrated approach combining the interventions of life skills education for unmarried adolescent girls, sexual and reproductive health interventions for married adolescent girls, and gender sensitization for boys and young men.

What new approaches did you use to respond to the barriers created by the COVID-19 pandemic to reach young people?

Monthly health needs assessment: Accredited social health activists (ASHAs) conduct monthly surveys of the adolescent girls in the area using a simplified tool. The survey is focused on the assessment of health needs, information needs, and morbidity surveillance.

Frontline worker's inputs*:* ASHAs came up with a monthly microplan based on the monthly survey findings. Based on the gaps identified, they provide specific behavior change communication inputs to married adolescent girls, their spouses, and family members. In urban

slums, IHMP-trained auxiliary nurse midwives (ANMs) conduct outreach clinics that provide maternal and neonatal services, family planning, and other reproductive health services to married adolescent girls. In rural areas, ASHAs link these girls with the ANMs for any contraceptive, maternal health, or other health needs. ASHAs also refer, personally accompany and follow up on serious cases. While these services slowed down during the COVID-19 lockdown period, they continued to be offered due to the collaboration with the health system. We observed that demand for these services has now started picking up.

Peer education: We involve peer educators in forming girls' collectives. Through educating these collectives, we attempt to change social norms, specifically those linked to early marriage and childbearing. These activities were continued during the pandemic period using telephone calls and WhatsApp messages.

Counseling services*:* IHMP-trained professionals to provide counseling for maternal care, family planning, and treatment-seeking in case of married adolescent girls experienced health issues in their communities.

Community-based life skills education (LSE): We have been conducting community-based LSE for adolescent girls since 2003. LSEs were continued during the COVID-19 pandemic through ASHAs and observing the necessary precautions against COVID-19. The initiative had strong parental and community involvement. The sessions provided a safe space for both school & non-school-going girls, reached the most marginalized, and combined both married and unmarried girls. Over time, ASHAs have become the girls' confidantes and mentors who could be easily approached whenever girls have problems, especially those emerging during the current COVID-19 pandemic. In urban areas, the ASHAs' role is played by trained community health workers.

Engagement of boys: IHMP also conducted LSE for boys with a strong emphasis on male sexuality and perceptions of masculinity. These are conducted by male facilitators and peer educators based on a curriculum developed in consultation with young people, including boys. Peer educators engaged with five peers each. A handbook on frequently asked questions for young men has been developed

Why did you decide to use these approaches?

In our experience, LSE succeeds in providing the girls with cognitive, practical skills & leadership skills, improving their self-esteem and self-efficacy. Groups or collectives of girls are better placed and more effective in negotiating with parents and in-laws about social norms related to early marriage and childbearing. Therefore, our intervention involves the formation of groups of adolescent girls and empowering them to negotiate on these issues. We strongly believe in the involvement of boys and men in sexual and reproductive health initiatives. To impact social norms, in addition to older women in the family, we believe that we need to promote gender-equitable attitudes and behaviors amongst boys and young men.

How are you working to find out if these approaches are having the desired impact?

IHMP's interventions have been evaluated time and again over the last decade and a half. Most of these evaluations have been done by objective third-party evaluators and have documented evidence of the initiatives that contributed to our organization's ability to meet the objectives we set out to achieve.

Furthermore, data from the monthly survey by ASHAs also illustrates changes over time and highlights whether certain initiatives are working the way they were envisaged to work. Our initiative with boys is measured with the gender-equitable men scale (Fulu, E.F. et al., 2013) to assess changes in their attitudes. Girls are also interviewed periodically to explore if they perceive any changes in boys' behaviors. We have also strengthened the community-based monitoring system through village health, sanitation, and nutrition committees. These committees in rural areas and slum health, and development committees in urban areas monitor these initiatives.

Reference

- Fulu, E.F. et al., Prevalence of and factors associated with male perpetration of intimate partner violence: findings from the UN Multi-country Cross-sectional Study on Men and Violence in Asia and the Pacific. Lancet Global Health, 2013; 1:e187-207. https://www.thelancet.com/action/showPdf?pii=S2214...

Institute of Health Management, Pachod (IHMP)

Kontakt

Deutschschweiz
Medicus Mundi Schweiz
Murbacherstrasse 34
CH-4056 Basel
Tel. +41 61 383 18 10
info@medicusmundi.ch

Suisse romande
Medicus Mundi Suisse
Rue de Varembé 1
CH-1202 Genève
Tél. +41 22 920 08 08
contact@medicusmundi.ch

Coordonnées bancaires
Basler Kantonalbank, Aeschen, 4002 Basel
Medicus Mundi Schweiz, 4056 Basel
IBAN: CH40 0077 0016 0516 9903 5
BIC: BKBBCHBBXXX